

2013 Choices Allowance And Premium Rates

2013 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$706.59
You + 1 family member	\$1,289.20
You + 2 or more family members	\$1,522.95

Medical Plans	You Only	You + 1	You + 2 or More
CIGNA Network HMO	\$583.13	\$1,163.76	\$1,339.95
CIGNA Network POS	\$1,047.13	\$1,862.87	\$1,954.15
Kaiser	\$593.87	\$1,182.29	\$1,372.33
ALADS Blue Cross Prudent Buyer Basic	\$800.64	\$1,557.69	\$1,790.79
ALADS Blue Cross Prudent Buyer Premier	\$908.78	\$1,665.83	\$1,898.93
ALADS Blue Cross CaliforniaCare Basic	\$543.13	\$1,053.39	\$1,304.19
ALADS Blue Cross CaliforniaCare Premier	\$651.27	\$1,161.53	\$1,412.33
CAPE Blue Shield Classic POS	\$738.00	\$1,429.00	\$1,701.00
CAPE Blue Shield Lite POS	\$454.00	\$933.00	\$1,165.00
Fire Fighters Local 1014	\$643.00	\$1,221.56	\$1,451.56
Waive coverage			

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$27.07	\$45.41	\$68.30
DeltaCare	\$15.41	\$25.41	\$37.59
SafeGuard	\$11.45	\$22.09	\$28.80
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	Monthly premiums are based on age and salary The County pays 15% of the monthly premium.
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit)		
Coverage (all family members):	\$5,000	\$0.91
	\$10,000	\$1.82
	\$15,000	\$2.74
	\$20,000	\$3.65
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.13	\$0.25
\$ 25,000	\$0.33	\$0.63
\$ 50,000	\$0.65	\$1.25
\$ 100,000	\$1.30	\$2.50
\$ 150,000	\$1.95	\$3.75
\$ 200,000	\$2.60	\$5.00
\$ 250,000	\$3.25	\$6.25
No coverage		

Medical Coverage Protection (LTD Health Insurance)	
LTD Health Insurance — 100%	\$3.00

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month